## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/29/2012 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  BETHEL POINTE HEALTH AND REHAB  300 W COMMUNITY OR MUNCIE, IN 47304  CAULD PRETX INCOMENSATION OF DEPICIENCIES OF THAL RECOULATORY OR ISC DENTIFYING INFORMATION)  A POST SURVEY REVISIT (PSR) to the Quality Assurance Walk-thru Survey conducted on O774012 was conducted by the Indians State Department of Health in accordance with 42 CFR 433.70(a).  Survey Date: 08/22/12  Facility Number: 100267630  Surveyor: Phillip Komsiski, Life Safety Code Specialist  At this PSR survey, Bethel Pointe Health and Rehab was found in compliance with Requirements for Participation in Medicare/Medical, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (INFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.  This one story facility was determined to be of Type V (111) construction and was fully sprinkfierd. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident steeping rooms. The facility was found in compliance with state law in regard to sprinkfier coverage and smoke detector coverage.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  01			(X3) DATE SURVEY COMPLETED R		
STREET ADDRESS, CITY, STATE, ZIP CODE   SAGO W COMMUNITY DR			155546	B. WING					
PRETIX TAG  REGULATORY OR ISC IDENTIFYING INFORMATION)  A Post Survey Revisit (PSR) to the Quality Assurance Walk-thru Survey conducted on 07/10/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 08/22/12  Facility Number: 000566 Provider Number: 150546 AIM Number: 100267630  Surveyor: Phillip Komsiski, Life Safety Code Specialist  At this PSR survey, Bethel Pointe Health and Rehab was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code Cocypancies.  This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a capacity of 101 and had a census of 61 at the time of this visit.  The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.					3400	W COMMUNITY DR	•		
A Post Survey Revisit (PSR) to the Quality Assurance Walk-thru Survey conducted on 07/10/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 08/22/12  Facility Number: 000565 Provider Number: 155546 AIM Number: 100267630  Surveyor: Phillip Komsiski, Life Safety Code Specialist  At this PSR survey, Bethel Pointe Health and Rehab was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.  This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 101 and had a census of 61 at the time of this visit.  The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.	PREFIX	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION	
Assurance Walk-thru Survey conducted on 07/10/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 08/22/12  Facility Number: 000565 Provider Number: 155546 AIM Number: 100267630  Surveyor: Phillip Komsiski, Life Safety Code Specialist  At this PSR survey, Bethel Pointe Health and Rehab was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.  This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 101 and had a census of 61 at the time of this visit.  The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.	{K 000}	INITIAL COMMENTS		{K (	000}				
detector coverage.		Assurance Walk-thi 07/10/12 was cond Department of Hea 483.70(a).  Survey Date: 08/22  Facility Number: 06  Provider Number: 1002  Surveyor: Phillip K Specialist  At this PSR survey, Rehab was found in Requirements for P Medicare/Medicaid Life Safety from Fir National Fire Protectife Safety Code (L Health Care Occup)  This one story facility Type V (111) constructions one story facility in Specialist and the corridor detectors in all residual residu	ru Survey conducted on ucted by the Indiana State lith in accordance with 42 CFR  2/12  2/12  2/12  2/12  2/12  2/13  2/12  2/15  2/16  2/16  2/16  2/17  2/16  2/17  2/18  2/						
	ABODATORY	, and the second	D/OLIDDI IED DEDDECENTATIVE'S CIONATI IDE			TITLE		(Y6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 000565

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		155546	B. WIN	3			R 2/2012	
NAME OF PROVIDER OR SUPPLIER  BETHEL POINTE HEALTH AND REHAB				3400 \	ADDRESS, CITY, STATE, ZIP CODE W COMMUNITY DR CIE, IN 47304			
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR I	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TIVE ACTION SHOULD BE CED TO THE APPROPRIATE			
{K 000}	All areas where the reaccess were sprinkle facility services were  Quality Review by Ro	esidents have customary red and all areas providing	{K 0	00}				